

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

SHAM

STEPHEN

2015 MAR 24 PM 4:02

CITY OF ALHAMBRA
CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ALHAMBRA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER - FIRST DISTRICT

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: PLEASE SEE ATTACHED LIST

Position: PLEASE SEE ATTACHED LIST

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County

☒ City of ALHAMBRA

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

3/24/15
(month, day, year)

EXPANDED STATEMENT – STEPHEN K. SHAM -- 2014

1. SAN GABRIEL VALLEY MOSQUITO & VECTOR CONTROL DISTRICT
TRUSTEE
(Annual – Calendar Year 2014)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

SHAM, STEPHEN K.

► 1. BUSINESS ENTITY OR TRUST

PLAZA PRINTING

Name

126 E. VALLEY BLVD. ALHAMBRA, CA 91801

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/14
ACQUIRED

____/____/14
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ CORPORATION

Other

YOUR BUSINESS POSITION VICE PRESIDENT

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☒ OVER \$100,000

☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/14
ACQUIRED

____/____/14
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

CHAMPION COUNSULTING GROUP

Name

126 E. VALLEY BLVD. ALHAMBRA, CA 91801

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/14
ACQUIRED

____/____/14
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ CORPORATION

Other

YOUR BUSINESS POSITION PRESIDENT

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☒ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/14
ACQUIRED

____/____/14
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name SHAM, STEPHEN K.

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME ALHAMBRA HOSPITAL MEDICAL CENTER	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 100 S. RAYMOND AVE. ALHAMBRA, CA 91801	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income – Gifts

Name

SHAM, STEPHEN K.

► NAME OF SOURCE (Not an Acronym)

American Chinese Culture Association

ADDRESS (Business Address Acceptable)

25 E. Wheeler Ave., #F, Arcadia, CA 91016

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 15	\$ 100.00	Show Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Chinese Culture Development Center

ADDRESS (Business Address Acceptable)

2121 W. Mission Dr. Alhambra, CA 91803

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 14	\$ 100.00	Show Ticket
07 / 05 / 14	\$ 150.00	Show Ticket
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ICN (Information.Culture.News)

ADDRESS (Business Address Acceptable)

9550 Flair Dr Ste 102 El Monte CA 91731-2917

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 14	\$ 100.00	Show Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Transtech Engineers, Inc.

ADDRESS (Business Address Acceptable)

624 Brea Canyon Rd. Walnut CA 91789-3009

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ 120.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____



► NAME OF SOURCE (Not an Acronym)
American Chinese Culture Association
ADDRESS (Business Address Acceptable)
25 E. Wheeler Ave., #F, Arcadia, CA 91016
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 14</u>	<u>\$ 100.00</u>	<u>Show Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
Chinese Culture Development Center
ADDRESS (Business Address Acceptable)
2121 W. Mission Dr. Alhambra, CA 91803
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 07 / 14</u>	<u>\$ 100.00</u>	<u>Show Ticket</u>
<u>07 / 05 / 14</u>	<u>\$ 150.00</u>	<u>Show Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
ICN (Information.Culture.News)
ADDRESS (Business Address Acceptable)
9550 Flair Dr Ste 102 El Monte CA 91731-2917
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 14</u>	<u>\$ 100.00</u>	<u>Show Ticket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
Transtech Engineers, Inc.
ADDRESS (Business Address Acceptable)
624 Brea Canyon Rd. Walnut CA 91789-3009
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 14</u>	<u>\$ 120.00</u>	<u>Dinner - League of</u>
<u> / / </u>	<u>\$</u>	<u>California Cities</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Filer's Verification

Date Signed 04/28/2015

Comments: _____